

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10-575,905

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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7	/					
8	/					
9	/					
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11	/					
12	10					
13	10					
14	10					
15	10					
16	10					
17	10					
18	10					
19	10					
20	①					
21	①					
22	①					
23	1					
24	1					
25	1					
26	1					
27	4					
28	4					
29	①					
30	①					
31	①					
32	①					
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TOTAL IND.	3					
TOTAL DEP.	113	←	←	←	←	←
TOTAL CLAIMS	116	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						